

# Work Order ID 102469

**\*102469\***

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May-29-13 3:22:25 PM

Item ID: D3875-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Floor Protector

Start Date: 5/29/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 6/03/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: ML5 Date: 13-05-30 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3875	Rev B								
100		0.00							
<b>*100*</b>									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Cut Sheet to required Blank size								
105		0.00							
<b>*105*</b>									
HandThermo	Dry Material	0.00							
Hand Finishing Thermoforming	Memo								
	Dry Sheet as per OSI022 POLYCARBONATE								
	Temp: <u>240°F</u>								
	Time IN: <u>7:00 pm</u> <u>13/06/03</u>								
	Time OUT: <u>6:00 am</u> <u>13/06/04</u>								

DA  
07  
89  
13/06/04

DA  
07  
89  
13/06/04

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Reference:

Approvals: Process Plan: Date: Tooling: Date: QC: Date: SPC (Y/N): Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
*110*									
Thermoform	Memo	0.00							
Thermoforming Machine	1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA0xxusing tool DT9435 Dwg Rev: <u>B</u> Folio Rev: <u>B</u>  Visually inspect for proper formation and texture								
140		0.00							
*140*									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Trim to finished dimensions as per Dwg								
150	QC2- Inspect parts off machine FAI/FAIB	0.00							
*150*									
QC	Memo	0.00							
Quality Control	Complete FAI document								

DAS  
07  
8-89  
13/06/04  
PTO →  
~~13/06/10~~

DAS  
07  
8-89  
13/06/10

DAS  
07  
8-89  
13/06/10.

W/O: 02469		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector
13/06/04	110						

Part No: D3875-1 PAR #: \_\_\_\_\_ Fault Category: Thermodynamics NCR: Yes No DQA: OK Date: 13/06/10

Resolution: Scrap Disposition: Scrap QA: N/C Closed: OK Date: 13/6/17

NCR: 13.2740		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
13/06/04	110	Insect flew onto Mouth : trapped in part. R.C. Ship Doors were left open when Form / <del>W</del>	DAS 16 9-83 Q5242 13/06/13	Scrap: Replace 1 part.	OK 13/06/04	DAS 27 9-83 13.6.13	DAS 16 9-83 Q52042 13/06/13	DAS 16 9-83 13/06/13

NOTE: Date & initial all entries

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Item ID: D3875-1

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Revision ID:

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Item Name: Floor Protector

Start Date: 5/29/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 6/03/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Run Start \*NR1\*

Approvals: Process Plan: Date: Tooling: Date:

Stop \*NR2\*

QC: Date: SPC (Y/N): Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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165

QC5- Inspect part completeness to step on W/O

0.00

\*165\*

QC

Memo

0.00

Quality Control

170

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

\*170\*

Packaging

Memo

0.00

Packaging

180

QC21- Final Inspection - Work Order Release

0.00

\*180\*

QC

Memo

0.00

Quality Control

SHS  
21  
BEB

PPP 102296.

X

SP  
13-6-13

13/6/17

13-06-13

# Picklist Print

May-28-13 10:20:58 AM

Page 1

Work Order ID: 102469

Parent Item: D3875-1

Parent Item Name: Floor Protector

Start Date: 5/29/13

Required Date: 6/03/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A 09.02.06 New Issue DL  
Material 10/04/21 DL

IPP Rev.B Add Step 105 Dry

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08 Lexan Sheet		Purchased	No			100	sf	477.9500	9.84	9.84			

Location

Loc Qty

Loc Code

therm

477.95

113127

477.95

19.6858 ft

Sh  
13/06/10

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	102469
Description: Floor Protector		Part Number:	D3875-1
Inspection Dwg: D3875	Rev: B	Page 1 of 1	

**FIRST ARTICLE INSPECTION CHECKLIST**  
**THERMOFORMING SECTION**

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>3/16</u> "	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

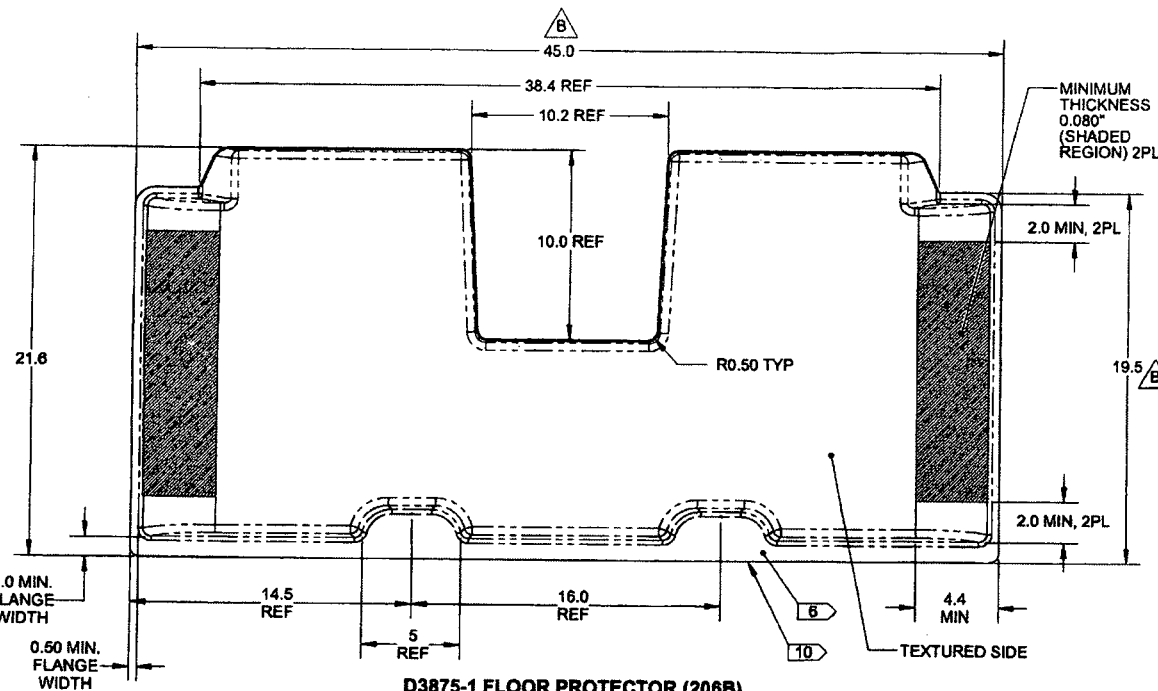
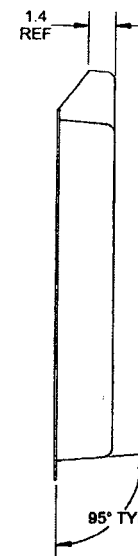
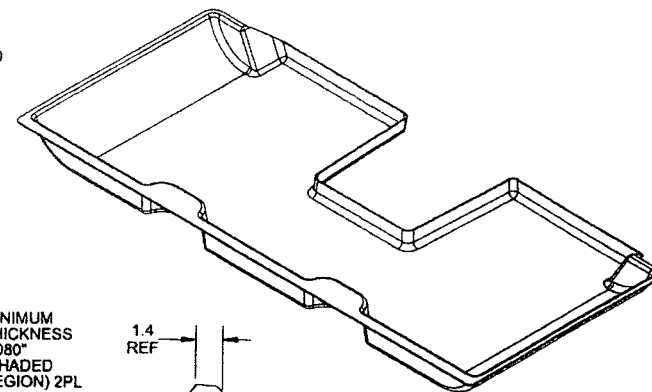
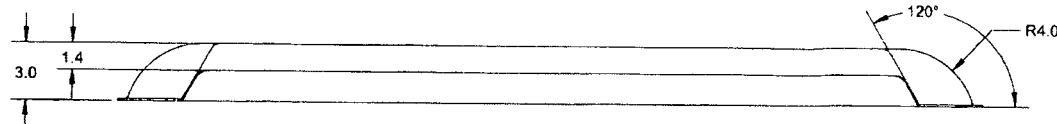
Measured by: <u>W.R.</u>	Date: <u>13/04/07</u>
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**TRIMMING SECTION**

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.076"	✓			
0.080	Min	0.085"	✓			
45.2	+/-0.100	45.25"	✓			
22.3	+/-0.100	22.3"	✓			
1.4	+/-0.100	1.44"	✓			

Measured by: <u>DR</u>	Date: <u>13/04/10</u>
Audited by: <u>SMB</u>	Date: <u>15/6/13</u>
Preliminary Approval:	Date:

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	
B	13.05.08	Dimensions updated per Dwg Rev B	KJ	



**D3875-1 FLOOR PROTECTOR (206B)**

**NOTES:**

- 1) MATERIAL: MLEXS.118-90318-08 (LEXAN POLYCARBONATE, CLEAR, 0.118" THICK)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3875-1" PER DART QSI 044 METHOD 6.4
- 7) WEIGHT: 3.81 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9475 PER QSI 022. TRIM PER MOLD.
- 9) MINIMUM MATERIAL THICKNESS AFTER FORMING IS 0.050" EXCEPT WHERE SHOWN
- 10) EDGE FLANGE MAY BE TRIMMED FOR FIT BY CUSTOMER, AS REQUIRED.

**RELEASED**  
2013-04-18

102469ML5  
13-05-30

B	19.5 WAS 18.6 MIN (ZN B3-1), 45.0 WAS 45.2 (ZN D8-1), 1.1 MIN. WAS 0.6 MIN. (ZN B6-1)	DB	13.04.09
A	NEW ISSUE	PH	09.01.29
REV.	DESCRIPTION	BY	DATE
DESIGN	DB	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	AR	DRAWING NO.	REV. B
MFG. APPR.	CP	D3875	SHEET 1 OF 1
APPROVED	MP	TITLE	SCALE
DE APPR.	MP	FLOOR PROTECTOR (206B)	NTS
DATE	13.04.09	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PROVIDED AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	